

**Culturally and Linguistically Appropriate Services (CLAS) Initiative
Coordinating Committee Minutes
June 21, 2007**

State Laboratory
10:00 am – 12:00 pm

Attendees: Brunilda Torres, Mary Beth Curley, Lucy Clark, Jo-Ann Kwass, Nancy Wilber, Christine Haley Medina

- I. Overview of CLAS Initiative
 - A. DPH restructured, CLAS still on agenda
 - 1. Sharon will ensure that broader initiative than the Bureau of Child and Family Health
 - 2. Office of Healthy Communities moved to Commissioner's Office
 - 3. Brunilda has meeting scheduled on June 28 with Stuart Landers; CLAS Initiative will be discussed
- II. New CLAS Coordinator
 - A. Christine Haley Medina began one month ago
 - 1. Social worker by training, worked at Cleveland Department of Public Health with similar work on lead poisoning prevention
 - 2. Christine will not serve as "working member" of subcommittees, but serves in coordination and support
- III. Review of Joint Subcommittee and Co-Chair Meeting
 - A. Held on June 8, (meeting minutes distributed)
 - B. Roles of committees and members
 - 1. Coordinator will serve as infrastructure piece, help subcommittees meet their agenda
 - 2. Co-chairs will work with coordinator in developing agenda and moving process along; help to conceptualize frameworks
 - C. Subcommittee Developments
 - 1. Language Access is well defined, has established mandates, looked at all terms and deconstructed them
 - 2. Organizational Supports has met and talked about roles, has not put anything down on paper
 - 3. Culturally Competent Practice – June 8 was first meeting since development of logic model
 - D. Increased communication between coordinating committee and subcommittees desired
 - 1. Recommendation that each subcommittee be represented by a co-chair at the coordinating committee meeting, on a rotating basis
 - a. good idea because can provide their thinking and take recommendations back to subcommittee
 - b. good idea because will

- c. concern with rotating chairs – will make membership to coordinating committee unstable
- d. some co-chairs do not live in Boston, could other technology be used for them to participate in the meeting, i.e. speaker phones?
- e. could someone represent the subcommittees at the meeting, other than the chairs, if time commitment is a concern?
- f. Could we hold coordinating committee meeting every other month?
 - i. that will be decided on a month-to-month basis
- E. Two to three times a year the big group should be brought together to discuss work

IV. Role of Coordinating Committee (CC)

- A. Subcommittees looking for Coordinating Committee to define what the end product will be
 - 1. CC needs to identify timeframe for what standards need to be developed
- B. Coordinating Committee needs to collectively decide what direction they will be taking as a committee
 - 1. There are tools available, what they would be are not clear
 - 2. DPH has \$350 million worth of grant dollars on the ground; we need to give guidance to vendors on how to reach standards
 - 3. We are building capacity that isn't there right now, both with vendors and internally
 - 4. Our job isn't to tell vendors how to reach culturally competence, it is to provide them with the tools and resources and the demand/expectation that they reach expectations for cultural competence
 - a. Even if vendors close to the population, they still need to know "what to do"; we need to give them the tools to do it
 - 5. In RFR process, we need to ask the right questions
 - 6. We must evaluate process of specific populations
 - a. What is missing from evaluations?
 - b. What populations are we not addressing?
 - 7. Is the purpose of this group to figure out what disparities are?
 - a. many programs required to identify disparities in their grant applications, i.e. the CDC requires tobacco to define and eliminate disparities and conduct ongoing identification of gaps in knowledge

8. Is the purpose of this group to advocate for identification and ongoing assessment of what disparities exist in our state?
 - a. only to the extent that DPH moves dollars to programming that you need to know what disparities exist; most groups understand this; if they have data they use it; incorporate knowledge into the writing of the RFR; but not the responsibility of this group to do it, but ensure that programs do it

C. Increase documented knowledge

1. what works, what doesn't work, what are barriers, what made a difference
2. we need to develop a mechanism to share monitoring results across programs

D. Our Tasks Become:

1. Arena for subcommittees share work
2. Subcommittees bring back in clear form what they need for review
3. Create timetables for over all product
4. Create timetables for concrete pieces
5. Create timetables for drafting standards

E. Subcommittees need to:

1. provide Coordinating Committee drafts of standards
2. identify what tools need to be developed to meet standards (e.g. guidance, training, checklists for both providers and writers)
3. Are subcommittees developing what should be expected to cover in training? Who sets standards to what training should entail? Are we looking to have orientations about diverse cultures or internal "what are you doing about diversity?"
4. Coordinating Committee should not be telling subcommittees what trainings should occur; subcommittees informing Coordinating Committee what to occur

V. End Products

A. Guidance for RFR writers

1. May fall on this group to write the guidance
2. What disparities are you expecting the providers to respond to?
3. Need to use the RFR as an educational tool
 - a. turnover of program staff who write the RFRs
 - b. Mary Beth is writing template for writing the RFR, can include this in the guidebook
 - i. we need to have questions on what questions to ask in the RFR

- ii. RFR writers need to know what people on staff will help them develop these questions, maybe from OMH or maybe from a pool of experts
 - B. Clarity on how to score/evaluate RFR responses
 - C. Monitoring
 - 1. If funding is directed to eliminate health disparities, we can monitor the decrease in health disparities as an outcome of the particular program
 - 2. Follow-up; how do we know that they are doing what they say they are doing, ensure monitoring?
 - D. Clarity on contracting process
 - 1. If not included, what do we need to include?
- VI. Next Steps
- A. Christine and Mary Beth meeting next week to discuss RFR process
 - B. Subcommittees meeting in June and July
 - C. Christine to type up minutes and distribute to committee members for comments
 - D. Subcommittees to understand that RFR development/procurement policy should be their priority
 - E. REL data collection
 - 1. Christine will be collecting the REL data (confidentially with names attached) once so that committee members don't have to fill out paper each time
 - 2. Please return REL data and meeting evaluation form to Christine

Chalkboard Notes

WHAT

- Build capacity to address known disparities
- Ensure DPH intentional in use of dollars/funding targets to decrease disparities
- Increase partnering X state, local, vendors to develop strategies specific to dollars
- Track progress on capacity building outcomes (monitor targeting disparities by program)
- Ensure outgoing monitoring

HOW

- RFR contract process
- Tools and resources
- Demand to do it

- Form process

SUBCOMMITTEE PROCESS

- Define terms
- Draft stated standard
- Determine how to best draft standard in relation to end products to overall goals
- Don't take it all on at once

END PRODUCTS

- Guidance (educating writers) for the writers
- What disparities are you expecting providers to respond to?
- Identify disparities
- What questions need to be asked
- Pool of experts/ Technical Assistance
- Clarity about evaluation/scoring of respondents
- Clarity about conditions
- Guidance on monitoring (timeline to review, develop mechanism to share progress)
- Documentation of strategies

C. Haley Medina 07.06.07 rev